Well File

Braden-Deem, Inc.

SUITE 1250, 125 NORTH MARKET • WICHITA, KANSAS 67202 • (316) 265-1731

Oil and Gas Production
Lease Operations and Engineering
Cable-tool Rigs

January 23, 1984

State of New Mexico
Energy & Minerals Department
Oil Conservation Division
P.O. Box 2088
Santa Fe, New Mexico 87501

Re: State DB #8
Chaveroo Field
Roosevelt County, New Mexico

Gentlemen:

Enclosed is Application for Authorization to Inject for purpose of Salt Water Disposal on our State DB #8 well located 660' FSL and 1980' FWL Sec. 25-7S-33E, Roosevelt County, New Mexico.

We propose to inject a maximum of 500 barrels of salt water per day at a pressure not to exceed 500 psi. Injected water will be San Andres produced water from Braden-Deem, Inc. and other operator properties in the Chaveroo Field.

We have sent a copy of this application to the following agencies and offset operators in the area. Enclosed are receipts for registered mail.

Doy C. Deem

DCD/ssd

Enclosure

cc: State of New Mexico
Energy and Minerals Department
Oil Conservation Division
P.O. Box 1980
Hobbs, New Mexico 88240
Attention: J.T. Sexton

Wiser Oil Company
905 Oil and Gas Building
Wichita Falls, Texas

Stringer Oil and Gas
Box 3037
San Angelo, Texas 76902

Marathon Oil Company
P.O. Box 2409
Hobbs, New Mexico 88240

ENERGY AND MINERALS DEPARTMENT

POST OFFICE BOX 2088
STATE LAND OFFICE BUILDING
SANTA FE, NEW MEXICO 87501

Revised 7-1-81

APPLICATION FOR AUTHORIZATION TO INJECT

I. Purpose: ☐ Secondary Recovery ☐ Pressure Maintenance ☒ Disposal ☐ Storage
Application qualifies for administrative approval? ☒ yes ☐ no

II. Operator: Braden-Deem, Inc.

Address: Suite 1250-125 N. Market, Wichita, KS 67202

Contact party: Doy C. Deem Phone: 316/265-1731

III. Well data: Complete the data required on the reverse side of this form for each well proposed for injection. Additional sheets may be attached if necessary.

IV. Is this an expansion of an existing project? ☐ yes ☒ no
If yes, give the Division order number authorizing the project _____.

V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.

* VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.

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MAR 05 1984
OIL CONSERVATION DIVISION
SANTA FE

VII. Attach data on the proposed operation, including:

1. Proposed average and maximum daily rate and volume of fluids to be injected;
2. Whether the system is open or closed;
3. Proposed average and maximum injection pressure;
4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and
5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).

*VIII. Attach appropriate geological data on the injection zone including appropriate lithologic detail, geological name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such source known to be immediately underlying the injection interval.

IX. Describe the proposed stimulation program, if any.

* X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division they need not be resubmitted.)

* XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.

XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground source of drinking water.

XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.

XIV. Certification

I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.

Name: Doy C. Deem Title President

Signature: _____ Date: January 20, 1984

* If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be duplicated and resubmitted. Please show the date and circumstance of the earlier submittal.

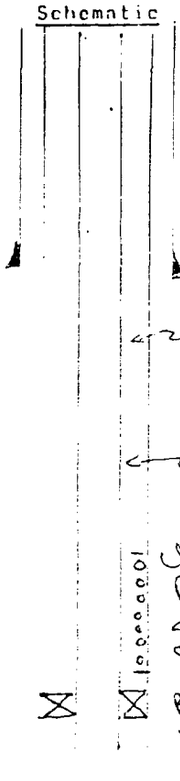
DISTRIBUTION: Original and one copy to Santa Fe with one copy to the appropriate Division district office

INJECTION WELL DATA SHEET

Braden-Deem, Inc.	State "DB"			
OPERATOR	LEASE			
8	660' FSL & 1980 FWL	25	7-S	33-E
WELL NO.	FOOTAGE LOCATION	SECTION	TOWNSHIP	RANGE

Chaveroo Field, Roosevelt County, New Mexico

Schematic



Tabular Data

Surface Casing

Size 8 5/8" Cemented with 250 sx.

TOC Surface feet determined by Circulated

Hole size 12 ¼"

Intermediate Casing

Size _____" Cemented with _____ sx.

TOC _____ feet determined by _____

Hole size _____

Long string

Size 4 ½" OD" Cemented with 800 sx.

TOC Base of Salt feet determined by Volumetric

Hole size 7 7/8

Total depth 4465 PBTD-4424

Injection interval

4376 feet to 4412 feet

(perforated or open-hole, indicate which)

Tubing size 2 3/8" OD lined with Plastic (PVC) (material) set in a

Baker Model AD (brand and model) packer at 4360 feet

(or describe any other casing-tubing seal).

Other Data

1. Name of the injection formation San Andres (Lower)

2. Name of Field or Pool (if applicable) Chaveroo San Andrews

3. Is this a new well drilled for injection? ☐ Yes ☒ No

If no, for what purpose was the well originally drilled?

Producing Oil Well (Upper San Andres)

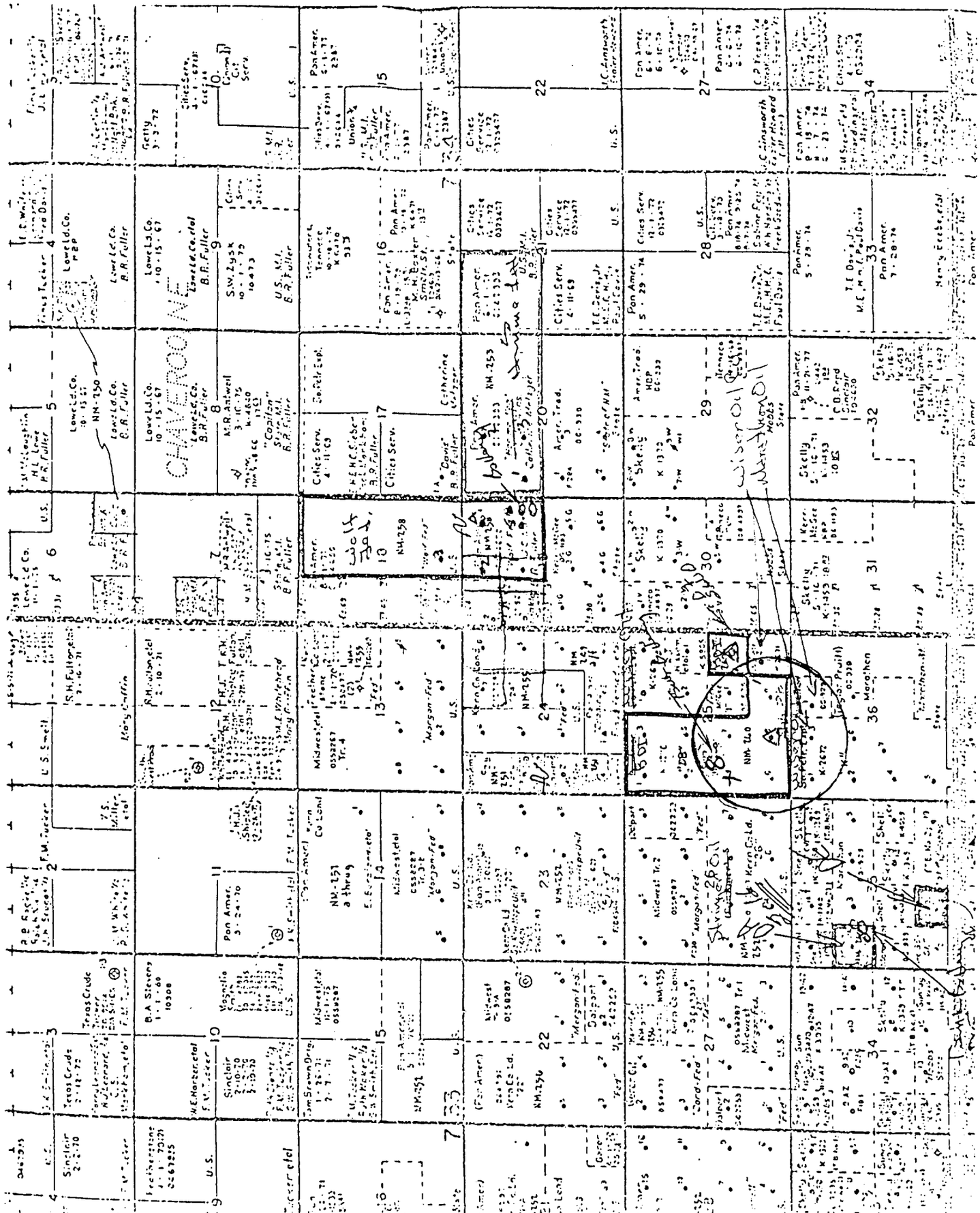
4. Has the well ever been perforated in any other zone(s)? List all such perforated intervals and give plugging detail (sacks of cement or bridge plug(s) used)

Upper San Andres Perforated 4205-4341. These perforations will be squeezed off prior to perforating 4376-4412 for salt water disposal.

5. Give the depth to and name of any overlying and/or underlying oil or gas zones (pools) in this area.

None known to operators knowledge other than upper San Andres

- NM-253
- I 258
- NM-259
- NM-260



CLINTON OIL COMPANY
217. NORTH WATER
WICHITA, KANSAS 67202

LAND DEPARTMENT

Roosevelt County
NEW MEXICO

Scale: 1"=4000' Date: Rev:

WESTERN

Gammatron

COMPANY PAN AMERICAN PETROLEUM CORPORATION

WELL STATE "DB" # 8

FIELD CHAVEROO

COUNTY ROOSEVELT STATE NEW MEXICO

56682-H

Location:
660' FSL & 1980' FWL
SEC.25, TWP.7S, RGE.33E

Other Services:

Permanent Datum: GROUND LEVEL, Elev. 4323
Log measured from 10 ft above perm. datum
Drilling measured from

Elev.: K.B. 4333
D.F.
G.L. 4323

Date	5-28-66	5-28-66
Run No.	ONE-NW	ONE-NW
Type Log	GAMMA RAY	NEUTRON
Depth—Driller	4430	4430
Depth—Logger	4424	4424
Bottom logged interval	4415	4422.5
Top logged interval	SURF.	SURF.
Type fluid in hole	WATER	WATER
Salinity, PPM Cl.		
Density		
Level	186	186
Max. rec. temp., deg F.		
Operating rig time		
Recorded by	WHEATLEY	
Witnessed by		

RUN No.	BORE-HOLE RECORD Bit	From	To	CASING RECORD Size	Wgt.	From	To
				4 1/2"		SURF.	T.D.

EQUIPMENT DATA

	Gamma Ray	Neutron
Run No.	ONE	ONE
Tool Model No.	500	N-N(THERM)
Diameter	3 1/2"	3 1/2"
Detector Model No.	5PA12	5AL4
Type	SCINT	SCINT
Length	3"	1"
Distance to N. Source	104"	
Source Model No.		RB-300
Serial No.		
Spacing		13.5"
Type		RA-BE
Strength		4.5 X 10⁶

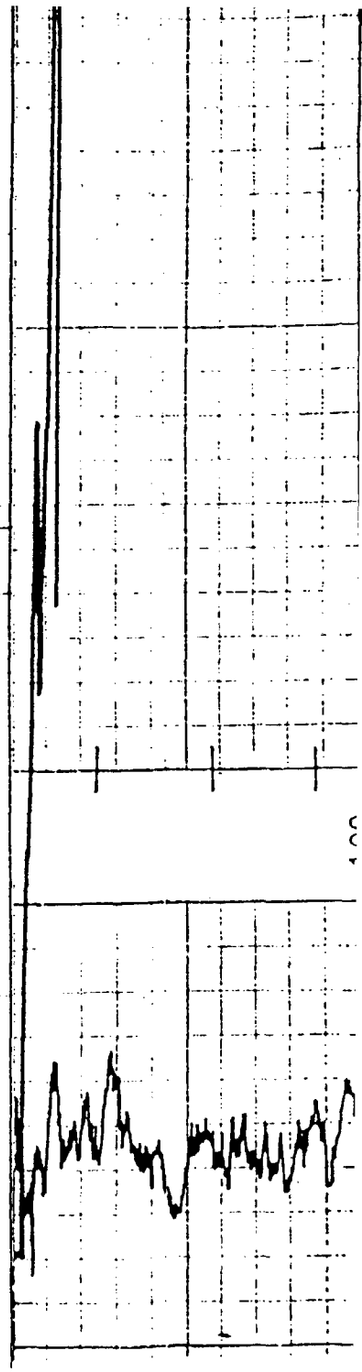
General	
Hoist Truck No.	6212
Instrument Truck No.	6212
Tool Serial No.	15

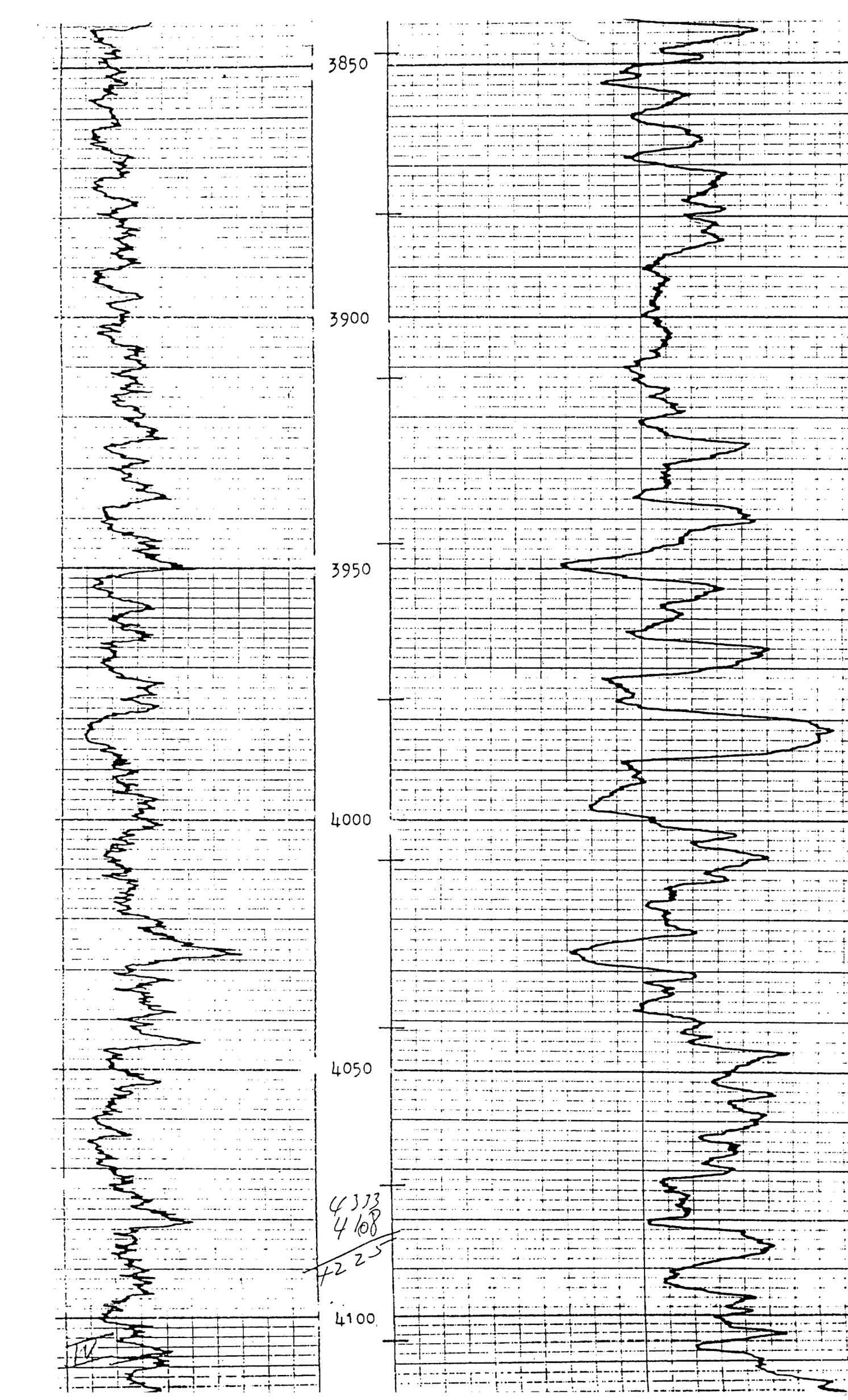
LOGGING DATA

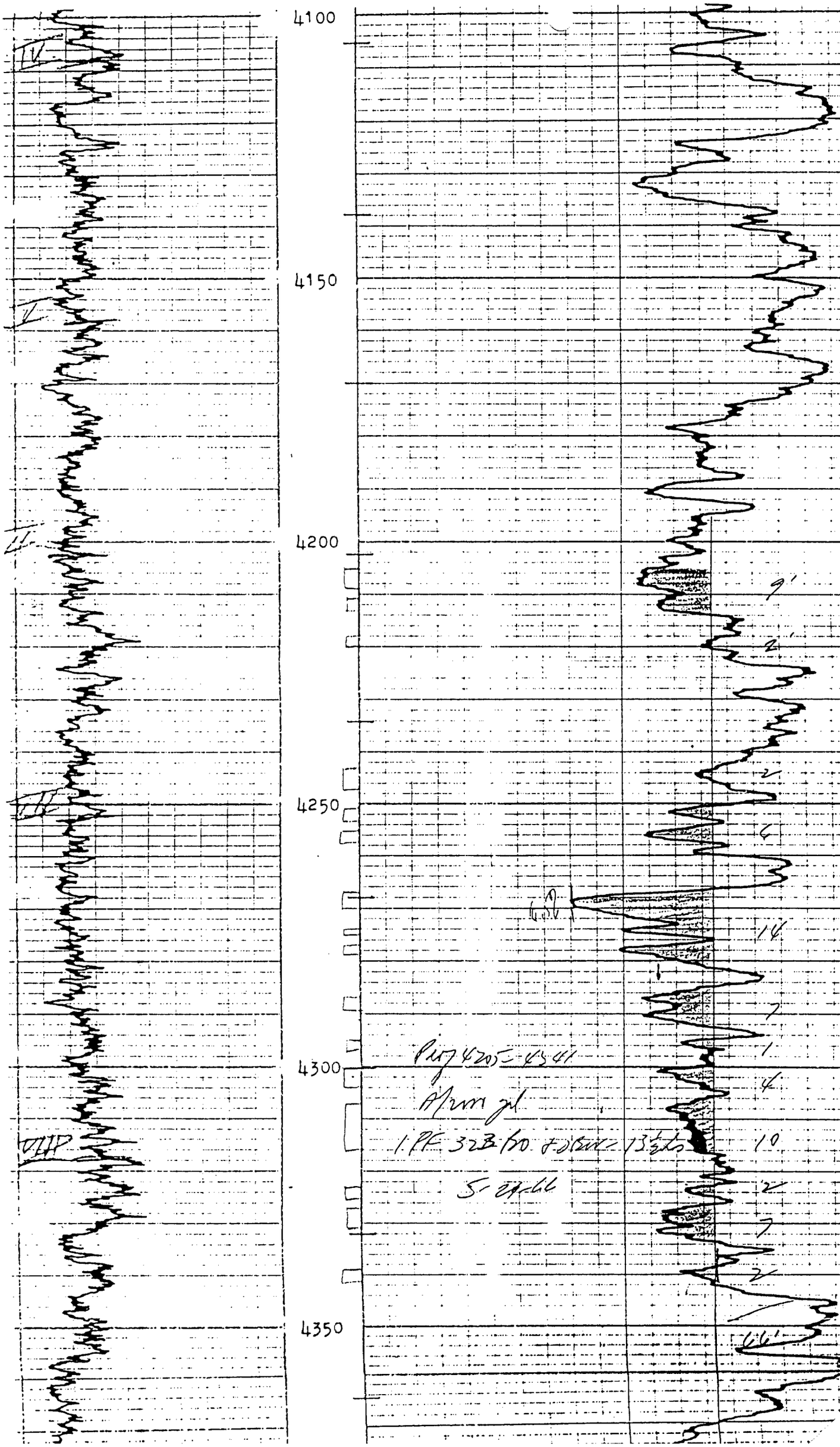
Run No.	Depths From	Depths To	Speed Ft/Min	T.C. Sec	Gamma Ray Sens. Settings	Gamma Ray Zero Div. L or R	Gamma Ray G.R. Units per Log Div.	Neutron T.C. Sec.	Neutron Sens. Settings	Neutron Zero Div. L or R
	4422.5	3500	30	3	1000	0	8 API	3	164	11 L
	4422.5	SURF.	30-50	2	1000	0	8 API	2	164	11 L

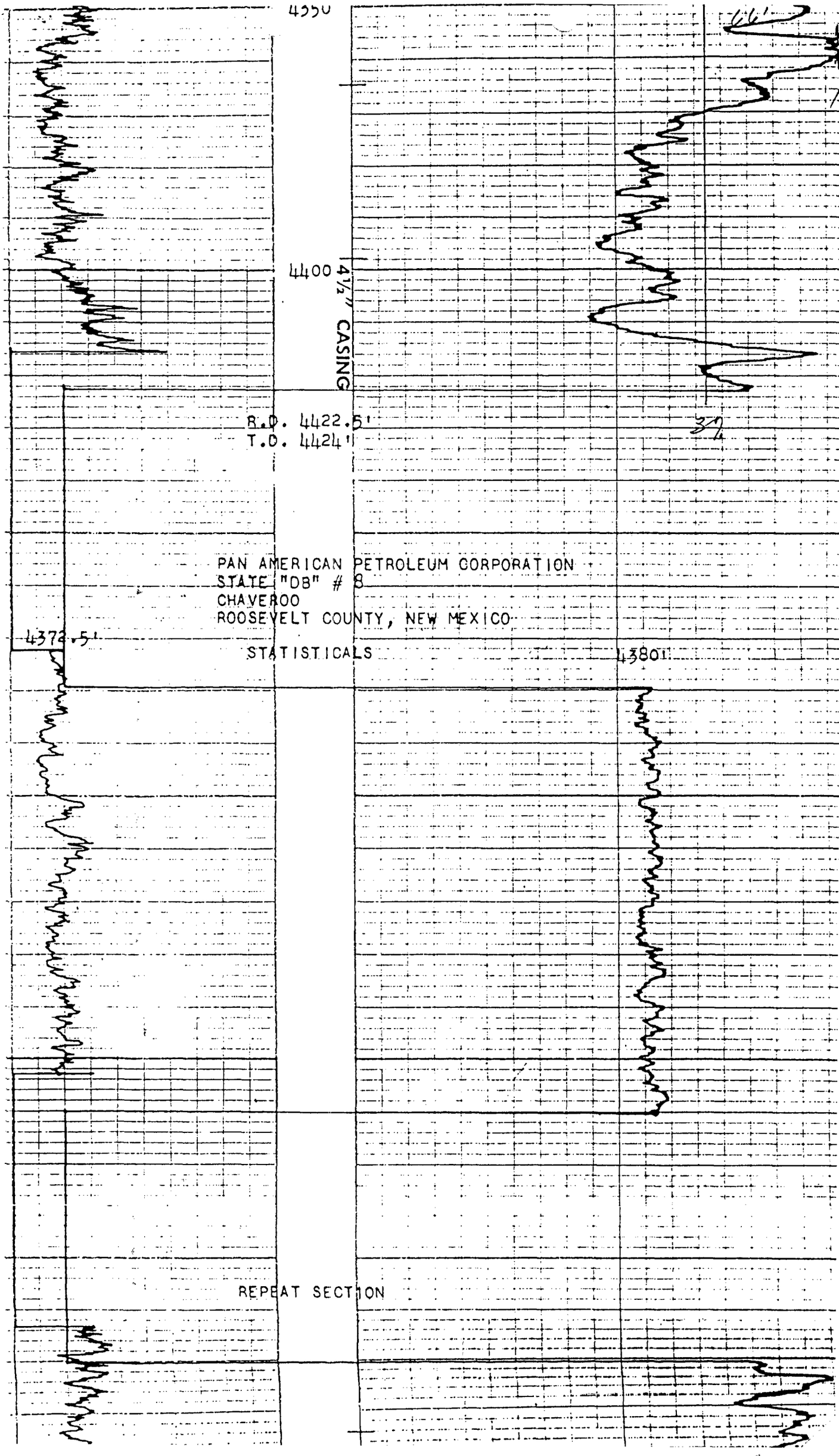
Reference Literature:

Remarks:




3850
3900
3950
4000
4050
4100
4333
4108
225


4100
4150
4200
4250
4300
4350
IV
V
VII
VIII
9'
2'
2'
6
6.5'
14
7
1
4
10
2'
7
2
66'
Perf 4205-4341
Frac gel
1 PF 32B/60 sand 13½ bbls
5-29-66


4350
4400
4½" CASING
R.D. 4422.5'
T.D. 4424'
PAN AMERICAN PETROLEUM CORPORATION
STATE "DB" # 8
CHAVEROO
ROOSEVELT COUNTY, NEW MEXICO
4372.5'
STATISTICALS
4380'
REPEAT SECTION

P 314 046 568

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO
Stringer Oil and Gas
STREET AND NO.
P.O. Box 3037
P.O., STATE AND ZIP CODE
San Angelo, TX 76902

POSTAGE		$
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE	¢
OPTIONAL SERVICES	SPECIAL DELIVERY	¢
OPTIONAL SERVICES	RESTRICTED DELIVERY	¢
OPTIONAL SERVICES / RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED	¢
OPTIONAL SERVICES / RETURN RECEIPT SERVICE	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY	¢
OPTIONAL SERVICES / RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
OPTIONAL SERVICES / RETURN RECEIPT SERVICE	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES		$

POSTMARK OR DATE

RECEIVED JAN 30 1984

PS Form 3800, Apr. 1976

PS Form 3811, Dec. 1980

● SENDER: Complete items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
   - ☒ Show to whom and date delivered ..... ¢
   - ☐ Show to whom, date, and address of delivery.. ¢
2. ☐ RESTRICTED DELIVERY ¢
   (The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL $

3. ARTICLE ADDRESSED TO:
Stringer Oil and Gas
Box 3037
San Angelo, Texas 76902

4. TYPE OF SERVICE:
   - ☐ REGISTERED ☐ INSURED
   - ☒ CERTIFIED ☐ COD
   - ☐ EXPRESS MAIL

ARTICLE NUMBER
P 314 046 568

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE ☐ Addressee ☐ Authorized agent

5. DATE OF DELIVERY — POSTMARK

6. ADDRESSEE'S ADDRESS (*Only if requested*)

7. UNABLE TO DELIVER BECAUSE: — 7a. EMPLOYEE'S INITIALS

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

P 314 046 567

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO
Marathon Oil Company
STREET AND NO.
P.O. Box 2409
P.O., STATE AND ZIP CODE
Hobbs, New Mexico 88240

POSTAGE		$
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE	¢
OPTIONAL SERVICES	SPECIAL DELIVERY	¢
OPTIONAL SERVICES	RESTRICTED DELIVERY	¢
OPTIONAL SERVICES / RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED	¢
OPTIONAL SERVICES / RETURN RECEIPT SERVICE	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY	¢
OPTIONAL SERVICES / RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
OPTIONAL SERVICES / RETURN RECEIPT SERVICE	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES		$

POSTMARK OR DATE

RECEIVED JAN 30 1984

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PS Form 3811, Dec. 1980

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   - ☐ Show to whom, date, and address of delivery.. ¢
2. ☐ RESTRICTED DELIVERY ¢
   (The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL $

3. ARTICLE ADDRESSED TO:
Marathon Oil Company
P.O. Box 2409
Hobbs, New Mexico 88240

4. TYPE OF SERVICE:
   - ☐ REGISTERED ☐ INSURED
   - ☒ CERTIFIED ☐ COD
   - ☐ EXPRESS MAIL

ARTICLE NUMBER
P 314 046 567

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE ☐ Addressee ☐ Authorized agent

5. DATE OF DELIVERY — POSTMARK

6. ADDRESSEE'S ADDRESS (*Only if requested*)

7. UNABLE TO DELIVER BECAUSE: — 7a. EMPLOYEE'S INITIALS

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

P 314 046 570

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO
State of New Mexico

STREET AND NO.
P.O. Box 1980

P.O. STATE AND ZIP CODE
Hobbs, New Mexico 88240

POSTAGE		$
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE	¢
OPTIONAL SERVICES	SPECIAL DELIVERY	¢
OPTIONAL SERVICES	RESTRICTED DELIVERY	¢
OPTIONAL SERVICES / RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED	¢
OPTIONAL SERVICES / RETURN RECEIPT SERVICE	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY	¢
OPTIONAL SERVICES / RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
OPTIONAL SERVICES / RETURN RECEIPT SERVICE	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES		$

POSTMARK OR DATE

RECEIVED JAN 3 0 1984

PS Form 3800, Apr. 1976

PS Form 3811, Dec. 1980

● SENDER: Complete items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
   - ☒ Show to whom and date delivered ..... ¢
   - ☐ Show to whom, date, and address of delivery.. ¢
2. ☐ RESTRICTED DELIVERY ¢
   (The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL $

3. ARTICLE ADDRESSED TO:
State of New Mexico
P.O. Box 1980
Hobbs, New Mexico 88240

4. TYPE OF SERVICE:
☐ REGISTERED ☐ INSURED
☒ CERTIFIED ☐ COD
☐ EXPRESS MAIL

ARTICLE NUMBER
P314 046 570

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE ☐ Addressee ☐ Authorized agent

Edwin W Lee

5. DATE OF DELIVERY — POSTMARK
JAN 24 1984

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE: — 7a. EMPLOYEE'S INITIALS

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

P 314 046 566

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO
State of New Mexico
STREET AND NO.
P.O. Box 2088
P.O. STATE AND ZIP CODE
Santa Fe, New Mexico 87501

POSTAGE		$
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE	¢
OPTIONAL SERVICES	SPECIAL DELIVERY	¢
OPTIONAL SERVICES	RESTRICTED DELIVERY	¢
OPTIONAL SERVICES / RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED	¢
OPTIONAL SERVICES / RETURN RECEIPT SERVICE	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY	¢
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OPTIONAL SERVICES / RETURN RECEIPT SERVICE	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES		$

POSTMARK OR DATE

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PS Form 3800, Apr. 1976

PS Form 3811, Dec. 1980

Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
   - ☒ Show to whom and date delivered ..... ¢
   - ☐ Show to whom, date, and address of delivery.. ¢
2. ☐ **RESTRICTED DELIVERY** ¢
   (The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL $

3. ARTICLE ADDRESSED TO:
   State of New Mexico
   P.O. Box 2088
   Santa Fe, New Mexico 87501

4. TYPE OF SERVICE:
   - ☐ REGISTERED ☐ INSURED
   - ☒ CERTIFIED ☐ COD
   - ☐ EXPRESS MAIL

ARTICLE NUMBER
P 314 046 566

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE ☐ Addressee ☐ Authorized agent

R Burk

5. DATE OF DELIVERY — POSTMARK

1984 USPO

6. ADDRESSEE'S ADDRESS *(Only if requested)*

7. UNABLE TO DELIVER BECAUSE: — 7a. EMPLOYEE'S INITIALS

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

P 314 046 569

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO
Wiser Oil Company
STREET AND NO.
905 Oil and Gas Building
P.O. STATE AND ZIP CODE
Wichita Falls, Texas

POSTAGE		$
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE	¢
OPTIONAL SERVICES	SPECIAL DELIVERY	¢
OPTIONAL SERVICES	RESTRICTED DELIVERY	¢
OPTIONAL SERVICES / RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED	¢
OPTIONAL SERVICES / RETURN RECEIPT SERVICE	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY	¢
OPTIONAL SERVICES / RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	¢
OPTIONAL SERVICES / RETURN RECEIPT SERVICE	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES		$

POSTMARK OR DATE

RECEIVED JAN 3 1 1984

PS Form 3800, Apr. 1976

PS Form 3811, Dec. 1980

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Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

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   - ☐ Show to whom, date, and address of delivery.. ¢
2. ☐ **RESTRICTED DELIVERY** ¢
   (The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL $

3. ARTICLE ADDRESSED TO:
   Wiser Oil Company
   905 Oil and Gas Building
   Wichita Falls, Texas

4. TYPE OF SERVICE:
   - ☐ REGISTERED ☐ INSURED
   - ☒ CERTIFIED ☐ COD
   - ☐ EXPRESS MAIL

ARTICLE NUMBER
P 314 046 569

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE ☐ Addressee ☒ Authorized agent

X Vicki Whitehead

5. DATE OF DELIVERY 1-26-84 — POSTMARK

6. ADDRESSEE'S ADDRESS *(Only if requested)*

7. UNABLE TO DELIVER BECAUSE: — 7a. EMPLOYEE'S INITIALS

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL